

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005025	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/10/2015
NAME OF PROVIDER OR SUPPLIER IU HEALTH GOSHEN HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 200 HIGH PARK AVE GOSHEN, IN 46526		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00163728</p> <p>Unsubstantiated: deficiencies cited unrelated to the allegations</p> <p>Date: 2-9/10-15</p> <p>Facility Number: 005025</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: cloughlin 20/23/15</p>	S 000		
S 754	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES</p> <p>410 IAC 15-1.5-4(f)(5)</p> <p>(f) All inpatient records, except those in subsections (g), shall document and contain, but not be limited to, the following:</p> <p>(5) Evidence of appropriate informed consent for procedures and treatments for which it is required as specified by the informed consent policy developed by the medical staff and governing board, and consistent with federal and state law.</p>	S 754		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 754	<p>Continued From page 1</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the center failed to ensure that consent for treatment was obtained from the patient or the patient's representative for 3 of 12 MR (patient PT22, PT29, and PT32) reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. The policy/procedure Health Care Consent (revised 6-13) indicated the following: "Except when emergency treatment is necessary, valid consent, under provisions of Indiana's Health Consent Law, will be obtained before patient treatment is given. When immediate danger to life or major health risk requires emergency treatment without available consent, the circumstances and efforts to obtain consent must be documented." 2. Review of the MR document for patients PT22, (2 admissions for) PT29 and PT32 titled Admission/Treatment Consents, Releases, Authorizations, and Acknowledgements failed to indicate the signature of the patient or the patient ' s representative and no MR documentation indicated additional efforts to obtain consent from the patient or the patient's representative (including a spouse, domestic partner, adult child, sibling or other family member) were made during the hospital stay. 3. During an interview on 2-10-15 at 1115 hours, the chief nursing officer A2 confirmed that the health care consent documentation for patient 29 failed to indicate the signature of the patient or the patient's representative and confirmed that no documentation of attempts to obtain consent from a representative acting on behalf of the patient was available. 	S 754		